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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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MAY 27 2009

**LAW OFFICES OF KEITH A. SELDIN**  
**PROFESSIONAL ASSOCIATION**

KEITH A. SELDIN \*

\*Florida Supreme Court  
Certified Civil Mediator

MAPLEWOOD PROFESSIONAL CENTER  
1934 COMMERCE LANE, SUITE 2  
JUPITER, FLORIDA 33458

E-MAIL: [kseldin@bellsouth.net](mailto:kseldin@bellsouth.net)

Phone (561) 747-3000  
Fax (561) 747-3040

May 21, 2009

Department of State Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

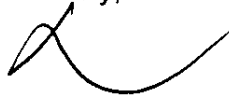
**Re: F & L PUBLIC INSURANCE ADJUSTERS, L.L.C.**

Dear Sir or Madam:

Enclosed please find an original and one copy of the Articles of Organization for the above referenced Limited Liability Company. Kindly file the enclosed and return a conformed and certified copy to the undersigned at the above address indicated. Also enclosed herein is a check in the amount of \$125.00, representing payment of your filing fees.

Thank you for kind consideration of the above and enclosed.

Sincerely,



Keith A. Seldin

KAS/fc  
Enclosures

**ARTICLES OF ORGANIZATION OF  
F & L PUBLIC INSURANCE ADJUSTERS, L.L.C.  
A FLORIDA LIMITED LIABILITY COMPANY**

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TALLAHASSEE FLORIDA

**ARTICLE I – Name:**

The name of the Limited Liability Company shall be: **F & L PUBLIC INSURANCE ADJUSTERS, L.L.C.**

**ARTICLE II – Period of Duration:**

The period of duration of this Limited Liability Company shall be perpetual.

**ARTICLE III – Address:**

The mailing address and the street address of the principal office of the Limited Liability Company is: 1934 Commerce Lane, Suite 2  
Jupiter, Florida 33458

**ARTICLE IV – Registered Agent, Registered Office and Registered Agent's Signature:**

The name and Florida street address of the Limited Liability Company's registered agent is:

KEITH A. SELDIN  
1934 Commerce Lane, Suite 2  
Jupiter, Florida 33458

Having been named a registered agent to accept service of process for the above stated Limited Liability Company at the place designated in this certificate, I hereby accept appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



\_\_\_\_\_  
KEITH A. SELDIN, Registered Agent

**ARTICLE V – Management:**

The Limited Liability Company shall be managed by one or more managers and is, therefore, a manager – managed company.

The names and addresses of the initial managers who shall serve until the first annual meeting of members, or until their successors are elected and qualify, are as follows:

JEFFREY FRIEDMAN  
220-09 Merrick Blvd.  
Laurelton, NY 11413

MARTIN LEVINE  
220-09 Merrick Blvd.  
Laurelton, NY 11413

DAVID ROMANO  
220-09 Merrick Blvd.  
Laurelton, NY 11413

**Article VI – Initial Members:**

This Limited Liability Company shall initially have at least three (3) members. The names, addresses, the amount of cash contributions, a description and agreed value of the property other than cash contributed by the members, and the amount anticipated to be contributed by the members, is as follows:


JEFFREY FRIEDMAN (\$400.00 contribution – 40%)  
220-09 Merrick Blvd.  
Laurelton, NY 11413

MARTIN LEVINE (\$400.00 contribution – 40%)  
220-09 Merrick Blvd.  
Laurelton, NY 11413

DAVID ROMANO (\$400.00 contribution – 40%)  
220-09 Merrick Blvd.  
Laurelton, NY 11413

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(In accordance with Section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true).

  
\_\_\_\_\_  
Signature of a member or an authorized  
representative of a member.

KEITH A. SELDIN  
\_\_\_\_\_  
Typed or printed name of Signee

STATE OF FLORIDA       )  
COUNTY OF PALM BEACH )

The foregoing instrument was acknowledged before me this 20<sup>th</sup> day of May, 2009, by  
KEITH A. SELDIN, who is personally known to me, or, who has produced a Driver's License as  
identification and who did take an oath.



\_\_\_\_\_  
Notary Public – State of Florida  
My commission expires:

NOTARY PUBLIC-STATE OF FLORIDA  
Frances Constantino  
Commission #DD665846  
Expires: APR. 22, 2011  
BONDED THRU ATLANTIC BONDING CO., INC.